

VA Puget Sound Health Care System 1-800-329-8387

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VA CRITERIA FOR PAYING FOR EMERGENT CARE FROM NON-VA PROVIDERS

VA may pay for emergency care from non-VA providers when the following criteria are met:

- 1. If you are a Veteran with one or more VA rated service-connected disabilities, all of the following criteria must be met:
 - a. Care received at the non-VA facility is determined by VA to be emergent;
 - b. A VA facility was not feasibly available to provide care;
 - c. In general, care received at the non-VA facility is for a VA rated service-connected condition, or for any condition if the Veteran is rated permanently and totally disabled. (There are other eligibility groups that may meet this requirement. A full list is available at www.va.gov);
 - d. A claim is filed within 2 years of the date that care was provided by the non-VA facility.
- 2. If you are a Veteran with no VA-rated service connected disabilities <u>or</u> are treated for a condition not related to your service connected condition, all of the following criteria must be met:
 - a. Care received at the non-VA facility is determined by VA to be emergent;
 - b. A VA facility was not feasibly available to provide care;
 - c. Veteran is enrolled in the VA health care system;
 - d. Veteran has received treatment in any VA facility within the past 24 months from the date that care was provided by the non-VA facility;
 - e. Veteran is personally liable for the cost of care;
 - f. Veteran has no other insurance to pay for the care (for this purpose Medicare and Medicaid are considered other insurance);
 - g. A claim is filed within 90 days of the date that care was provided by the non-VA facility.